## PART B - FEE(S) TRANSMITTAL

Complete and this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

A SEE			or <u>Fax</u>		<b>5</b>	
IN THE NS: This for appropriate. All further co- indicated unless corrected maintenance fee notification	orm should be used for tran rrespondence including the below or directed otherwise ns.	smitting the ISSU Patent, advance or in Block 1, by (a)	E FEE and PUB ders and notificat specifying a new	LICATION FEE (if req ion of maintenance fees w correspondence addres	uired). Blocks 1 through 5 s will be mailed to the current s; and/or (b) indicating a sep	should be completed where t correspondence address as arate "FEE ADDRESS" for
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)  21005 7590 10/20/2004				Note: A certificate o Fee(s) Transmittal. T papers. Each addition have its own certifica	f mailing can only be used it his certificate cannot be used hal paper, such as an assignm te of mailing or transmission.	or domestic mailings of the for any other accompanying ent or formal drawing, must
HAMILTON, BI 530 VIRGINIA RO P.O. BOX 9133 CONCORD, MA		EYNOLDS, P	.C.	I hereby certify that States Postal Service addressed to the Ma	ertificate of Mailing or Tran this Fee(s) Transmittal is bein with sufficient postage for fi all Stop ISSUE FEE address PTO (703) 746-4000, on the	smission ng deposited with the United rst class mail in an envelope s above, or being facsimile
30/2004 SDENBOB2 00000	010 08796164			Judith K.		(Depositor's name) (Signature)
C:1501 1400.00 DP C:8001 45.00 DP					December 27, 2004	
APPLICATION NO.	APPLICATION NO. , FILING DATE		FIRST NAMED INVE		ATTORNEY DOCKET NO.	CONFIRMATION NO.
08/796,164 02/06/1997		JONATHAN S. STA		ΓAMLER	DUK96-03PA3	8622
TITLE OF INVENTION: N	ODIFIED HEMOGLOBIN:	S, INCLUDING NI	TROSYLHEMO	GLOBINS, AND USES T (as amended)	THEREOF 1818.1	010-008
APPLN. TYPE	SMALL ENTITY	ISSUE FI	EE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	nonprovisional XXX NO		\$1400	\$0	X <b>X88X</b> X	01/21/2005
EXAMINER		ART UNIT		CLASS-SUBCLASS	SS-SUBCLASS \$1400	
CELSA, BENNETT M		1639		514-006000	<b>.</b>	
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.  3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED OF PLEASE NOTE: Unless an assignee is identified below, no assigner recordation as set forth in 37 CFR 3.11. Completion of this form is Normal Printed Print			(1) the names or agents OR, (2) the name o registered atto 2 registered pa listed, no name	f a single firm (having as mey or agent) and the na- tent attorneys or agents. I e will be printed.	a member a mes of up to f no name is 3	ton, Brook, Smi
(A) NAME OF ASSIGN		(В	`	CITY and STATE OR CO	,	
Duke Unive	rsity		Durnam,	North Carolina	1	
			nted on the paten	t): IndividualXXX	Corporation or other private g	roup entity Government
	enclosed:		Payment of Fee(			
XX Issue Fee  Publication Fee (No small entity discount permitted)			A check in the amount of the fee(s) is enclosed.  Payment by credit card. Form PTO-2038 is attached. to charge any deficies			
XX Advance Order - # o		*				•
	·		Deposit Account	Number 08-0380	sharge: the required of octs to o	copy of this form).
	f (from status indicated above MALL ENTITY status. See		b. Applicant i	s no longer claiming SM	ALL ENTITY status. See 37 (	CFR 1.27(g)(2).
The Director of the USPTO NOTE: The Issue Fee and F interest as shown by the rec	is requested to apply the Issue Publication Fee (if required) words of the United States Pater	ue Fee and Publicat will not be accepted ent and Trademark	ion Fee (if any) o from anyone oth Office.	r to re-apply any previous er than the applicant; a re	sly paid issue fee to the applic gistered attorney or agent; or	ation identified above. the assignee or other party in
Authorized Signature _	David E E	Sicole		Date	2/22/04	

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.